

JOHN P. MONTGOMERY

Court Executive Officer
(415) 473-6407



**SUPERIOR COURT
OF CALIFORNIA
COUNTY OF MARIN**

3501 Civic Center Drive
P. O. Box 4988
San Rafael, CA 94913-4988

**THE ATTACHED PACKET CONTAINS ALL REQUIRED FORMS
FOR LAWSUITS TO PROHIBIT HARASSMENT.**

FILING A PETITION \$268.00
No refund of fees

There is a \$223.00 fee to file a *Petition and Order to Show Cause* in a harassment action unless there has been violence or threats of violence. There is no fee in cases in which there has been violence or threats of violence.

You must complete the *Petition and Order to Show Cause* for a harassment action. (Please read instructions.) **Once completed you must present the forms to a clerk in Room 113 for review by 10:30 AM. Return to the Clerk's office between 2:30 and 3:00 PM to retrieve the forms. The clerk will instruct you how to proceed thereafter.**

THESE FORMS MUST BE FILLED OUT COMPLETELY, EITHER TYPED OR WRITTEN LEGIBLY BY HAND IN BLACK OR BLUE INK. You will need an original to present to the Court.

Employees of the Marin County Superior Court are prohibited by law from giving legal advice, including specific information on how to prepare the various documents contained in this packet. (Govt Code § 24004).

If you need help, you are advised to contact an attorney. The following referrals may be of assistance:

Lawyer Referral Service of the
Marin County Bar Association (415) 453-5505

Legal Aid of Marin (Low income applicants only) (415) 492-0230
30 N. San Pedro Road, Suite # 220 (800) 498-7666
San Rafael, CA 94903

Family Law Center (415) 492-9230
30 N. San Pedro Rd., Suite # 245
San Rafael, CA 94903

Legal Self Help Center of Marin (415) 492-1111
30 North San Pedro Road, Suite 160
San Rafael, CA 94903

**Legal Self-Help Center of Marin
Civil Harassment Coversheet**

What is your name, address, and telephone number?

Full Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Work Phone Number:

Sex: Male Female

Names and Ages of Relatives You Also Want Protected:

Full Name:

Relationship to you:

Sex: Male Female Age:

Full Name:

Relationship to you:

Sex: Male Female Age:

Full Name:

Relationship to you:

Sex: Male Female Age:

Full Name:

Sex: Male Female Age: Date of Birth:

Height: Weight: Hair Color: Eye Color: Race:

Home Address

Street Address:

City, State, and Zip Code:

Work Address

Name of Business:

Street Address:

City, State, and Zip Code:

| | |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and State Bar number, if attorney):</i> ADDRESS WHERE YOU WANT MAIL SENT: <hr/> TELEPHONE NUMBER <i>(Optional):</i> _____ FAX NUMBER <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF: DEFENDANT: | CASE NUMBER: |
| PETITION FOR INJUNCTION PROHIBITING CIVIL HARASSMENT <input type="checkbox"/> Application for Temporary Restraining Order | JUDGE: DEPT.: |

Read the Instructions for Lawsuits to Prohibit Civil Harassment (form CH-150) before completing this form.

1. Plaintiff *(name each):*

2. ☐ OTHER PERSONS TO BE PROTECTED *(List names and ages of any family or household members who reside with plaintiff for whom protection is sought in the requested orders and their relationship to plaintiff):*

Name

Age

Relationship to Plaintiff

3. a. Defendant *(name):*

Sex: ☐ M ☐ F Ht.: ____ Wt.: ____ Hair Color: ____ Eye Color: ____ Race: ____ Age: ____ Date of Birth: ____

b. Defendant's residence address *(if known):*

c. Defendant's work address and name of business *(if known):*

4. This action is filed in this county because *(check all that apply):*

- a. ☐ defendant resides in this county.
 b. ☐ defendant has caused physical or emotional injury to plaintiff in this county.
 c. ☐ other *(specify):*

5. Describe whether plaintiff knows defendant and, if so, how (for example, as a landlord, tenant, neighbor, etc.):

(This is not a Court Order)

| | |
|-------------------|--------------|
| PLAINTIFF (Name): | CASE NUMBER: |
| DEFENDANT (Name): | |

6. Defendant has *(check all that apply)*:
- a. ☐ committed acts of violence against plaintiff as described in item 8.
 - b. ☐ threatened to commit acts of violence against plaintiff as described in item 8.
 - c. ☐ engaged in a course of conduct directed at plaintiff as described in item 8. Plaintiff has suffered substantial emotional distress as a direct result of defendant's conduct described in item 8, and defendant's conduct would have caused a reasonable person to suffer substantial emotional distress.
7. Defendant's acts or conduct have seriously alarmed, annoyed, or harassed plaintiff as described in item 8, and serve no legitimate purpose.

8. **DESCRIPTION OF CONDUCT**

Describe in detail the harassment *(including the dates, who did what to whom, and any injuries)*:

☐ *(If more space is needed, check the box and add additional pages as Attachment 8.)*

9. ☐ Plaintiff will suffer great and irreparable harm before this petition can be heard in court, unless the court makes the temporary orders requested below *(specify the harm and why it will occur before the hearing)*:

☐ *(If more space is needed, check the box and add additional pages as Attachment 9.)*

PLAINTIFF REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.

10. ☐ **PERSONAL CONDUCT ORDERS** ☐ **To be ordered now and remain in effect until the hearing**
 Defendant must not contact, molest, harass, attack, strike, threaten, sexually assault, batter, telephone, communicate by any means (including mail, fax, or e-mail), stalk, destroy any personal property, disturb the peace, keep under surveillance, or block movements in public places or thoroughfares, or otherwise harass plaintiff ☐ and the other protected persons identified in item 2.

(This is not a Court Order)

| | |
|--|--------------|
| PLAINTIFF (Name): DEFENDANT (Name): | CASE NUMBER: |
|--|--------------|

11. ☐ **STAY-AWAY ORDERS** ☐ **To be ordered now and remain in effect until the hearing**

- a. Defendant must stay at least (specify): _____ **yards** away from the following persons and places (*the addresses of the places are optional, and you do not have to reveal them*):
- (1) Plaintiff ☐ and the other protected persons identified in item 2.
 - (2) ☐ Plaintiff's residence (*address optional*):
 - (3) ☐ Plaintiff's place of work (*address optional*):
 - (4) ☐ Plaintiff's children's school or place of child care (*address optional*):
 - (5) ☐ Plaintiff's vehicle (*specify*):
 - (6) ☐ Other (*specify*):
- b. Granting any of the stay-away orders
- (1) ☐ will **not** interfere with defendant's access to defendant's residence or place of employment.
 - (2) ☐ will interfere with defendant's access to defendant's residence or place of employment (*explain*):

12. ☐ The other protected persons (identified in item 2) should be included in the orders because:

13. ☐ **ATTORNEY FEES AND COSTS**

Plaintiff requests that defendant be ordered to pay plaintiff's attorney fees and costs as follows (*specify*):

14. ☐ **OTHER ORDERS** (*specify other orders you are requesting*):

15. **SERVICE OF ORDERS ON LAW ENFORCEMENT.** Plaintiff requests that copies of orders be given to the law enforcement agencies listed below by:

- a. ☐ plaintiff
- b. ☐ plaintiff's attorney

Law Enforcement Agency

Address

(This is not a Court Order)

| | |
|--|--------------|
| PLAINTIFF (Name): DEFENDANT (Name): | CASE NUMBER: |
|--|--------------|

16. PREVIOUS RESTRAINING ORDERS

- a. ☐ Plaintiff has asked for restraining orders against the defendant before (*specify date, county, court, and case number if known*):
- b. ☐ Defendant has asked for restraining orders against plaintiff before (*specify date, county, court, and case number if known*):

17. ORDER SHORTENING TIME FOR SERVICE

- ☐ Plaintiff requests that time for service of the **Order to Show Cause** and accompanying papers be shortened so that they may be served no less than (*specify number*): _____ days before the date set for the hearing. The order shortening time is needed because of the facts contained in this petition. (*Add additional facts if necessary*):

18. NO FEE FOR FILING OF PETITION

- ☐ Plaintiff is not required to pay a fee for filing this petition because the petition alleges that the defendant has inflicted or threatened violence against the plaintiff, or stalked the plaintiff, or acted or spoken in any other manner that has placed the plaintiff in reasonable fear of violence, and seeks a protective or restraining order or injunction restraining stalking, future violence, or threats of violence under Code of Civil Procedure section 527.6.

19. NO FEE FOR SERVICE OF ORDER

- ☐ Plaintiff requests that the sheriff or marshal serve the protective orders, restraining orders, or injunction requested in this petition on the defendant without prepayment of any fee under Government Code section 6103.2. This request is made because the orders or injunction are
- a. ☐ based upon stalking as defined in Penal Code section 646.9.
- b. ☐ based upon a credible threat of violence resulting from a threat of sexual assault under Code of Civil Procedure section 527.6(p)(1).

(To obtain service by the sheriff or marshal without payment of fees, complete and file Request and Order for Free Service of Restraining Order (form CH-101), and, if eligible for a fee waiver, complete and file Application for Waiver of Court Fees and Costs (form 982(a)(17).)

20. ADDITIONAL RELIEF

Plaintiff requests additional relief as may be proper.

21. Number of pages attached: _____

(If the plaintiff is represented by an attorney, the attorney's signature follows):

Date:

| | |
|-------------------------------|----------------------------------|
| _____ (TYPE OR PRINT NAME) | _____ (SIGNATURE OF ATTORNEY) |
|-------------------------------|----------------------------------|

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

| | |
|-------------------------------|-----------------------------------|
| _____ (TYPE OR PRINT NAME) | _____ (SIGNATURE OF PLAINTIFF) |
|-------------------------------|-----------------------------------|

| | |
|-------------------------------|-----------------------------------|
| _____ (TYPE OR PRINT NAME) | _____ (SIGNATURE OF PLAINTIFF) |
|-------------------------------|-----------------------------------|

(This is not a Court Order)

| | |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and state bar number, if attorney)</i> : ADDRESS WHERE YOU WANT MAIL SENT: _____ TELEPHONE NO. <i>(Optional)</i> : _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ | |
| PLAINTIFF: _____ DEFENDANT: _____ | |
| <div style="text-align: center;">ORDER AFTER HEARING ON PETITION FOR INJUNCTION PROHIBITING CIVIL HARASSMENT (CLETS)</div> | CASE NUMBER: _____ Judge: _____ Dept.: _____ |

1. **THIS ORDER, EXCEPT FOR AWARD OF ATTORNEY FEES AND COSTS, SHALL EXPIRE AT MIDNIGHT ON**
***(date)*: IF NO DATE IS PRESENT, THIS ORDER EXPIRES 3 YEARS FROM THE DATE OF ISSUANCE.**
2. This proceeding came on for hearing as follows:

| | | | |
|-------------|-------------|--------------|-------------|
| Date: _____ | Time: _____ | Dept.: _____ | Room: _____ |
|-------------|-------------|--------------|-------------|

3. Judicial officer *(name)*: _____ ☐ Temporary judge
4. a. ☐ Plaintiff present ☐ Attorney present *(name)*: _____
 b. ☐ Defendant present ☐ Attorney present *(name)*: _____

THE COURT FINDS

5. a. The defendant is *(name)*: _____
 Sex: ☐ M ☐ F Ht.: ____ Wt.: ____ Hair Color: ____ Eye Color: ____ Race: _____ Age: ____ Date of Birth: _____
- b. The protected person is *(name)*: _____
 Sex: ☐ M ☐ F Date of Birth *(optional)*: _____
- c. Protected family or household members who reside with the protected person are:
- (1) *(Name)*: _____
 Sex: ☐ M ☐ F Date of Birth *(optional)*: _____
- (2) *(Name)*: _____
 Sex: ☐ M ☐ F Date of Birth *(optional)*: _____
- (3) *(Name)*: _____
 Sex: ☐ M ☐ F Date of Birth *(optional)*: _____

☐ Additional protected persons are listed on a separate page designated as Attachment 5c.

| | |
|--|--------------|
| PLAINTIFF (Name): DEFENDANT (Name): | CASE NUMBER: |
|--|--------------|

6. After the hearing on the petition, **IT IS ORDERED THAT DEFENDANT**

- a. **shall not** contact, molest, harass, attack, strike, threaten, sexually assault, batter, telephone, communicate by any means (including mail, fax, or e-mail), follow, stalk, destroy the personal property of, disturb the peace of, keep under surveillance, or block movements in public places or thoroughfares of

☐ the person seeking the order and ☐ the other protected persons listed in item 5c.

- b. ☐ **shall** stay at least (*specify*): _____ yards away from the following protected persons and places:

- (1) ☐ Person seeking the order
- (2) ☐ The other protected persons listed in item 5c
- (3) ☐ Residence of person seeking the order
- (4) ☐ Place of work of person seeking the order
- (5) ☐ The children's school or place of child care
- (6) ☐ The protected persons' vehicles
- (7) ☐ Other (*specify*):

7. ☐ **OTHER ORDERS** (*specify*):

8. **MANDATORY FIREARM RELINQUISHMENT**

The restrained person must surrender to local law enforcement or sell to a licensed gun dealer any firearm in or subject to his or her immediate possession or control within

- a. ☐ 24 hours after issuance of this order (if restrained person is present at hearing).
- b. ☐ 48 hours after service of this order (if restrained person is not present at hearing).
- c. ☐ other (*specify*):

The restrained person shall file a receipt with the court showing compliance with this order within 72 hours of receiving this order.

| | |
|-------------------|--------------|
| PLAINTIFF (Name): | CASE NUMBER: |
| DEFENDANT (Name): | |

9. SERVICE OF ORDER ON LAW ENFORCEMENT

By the close of business on the date of this order, a copy of this order and any proof of service shall be delivered to the law enforcement agencies listed below by:

- a. ☐ plaintiff
b. ☐ plaintiff's attorney:

Law Enforcement Agency

Address

10. SERVICE OF ORDER ON DEFENDANT

Plaintiff must cause a copy of this order to be served on the defendant.

11. NO FEE FOR SERVICE OF ORDER

- ☐ The sheriff or marshal shall serve this order on the defendant without requiring plaintiff to pay any fee.
(a) ☐ Plaintiff qualifies for a fee waiver. Law enforcement shall serve the order without charging a fee.

-or-

- (b) ☐ The plaintiff has not qualified for a fee waiver, but the sheriff or marshal shall serve this order without prepayment of fee, under Government Code section 6103.2.

Date:

JUDICIAL OFFICER

This order is effective when made. It is enforceable anywhere in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, and the restrained person was not present at the court hearing, the agency shall advise the restrained person of the terms of the order and then shall enforce it. Violations of this restraining order are subject to criminal penalties.

NOTICE REGARDING FIREARMS

Any person subject to a restraining order is prohibited from owning, possessing, purchasing or attempting to purchase, receiving or attempting to receive, or otherwise obtaining a firearm. Such conduct is subject to a \$1,000 fine and imprisonment.

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing *Order After Hearing on Petition for Injunction Prohibiting Civil Harassment (CLETS)* is a true and correct copy of the original on file in the court.

Date:

Clerk, by _____, Deputy

| | |
|---|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and state bar number, if attorney):</i> ADDRESS WHERE YOU WANT MAIL SENT: TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF: DEFENDANT: | |
| <div style="text-align: center;"> ORDER TO SHOW CAUSE (Civil Harassment) <input type="checkbox"/> and Temporary Restraining Order (CLETS) </div> | CASE NUMBER: Judge: Dept.: |

THIS ORDER SHALL EXPIRE AT THE DATE AND TIME OF THE HEARING SHOWN IN THE BOX BELOW UNLESS EXTENDED BY THE COURT.

1. **To defendant *(name):***
2. **A court hearing has been set at the time and place indicated below:**

| | | | |
|-------|-------|--------|-------|
| Date: | Time: | Dept.: | Room: |
|-------|-------|--------|-------|

3. ***You have the right to attend the court hearing, with or without an attorney, to give any legal reason why the orders requested in the attached petition should not be granted. NOTICE: If you do not attend the hearing, the court may grant the requested orders without further notice to you. Restraining Orders may last up to 3 years.***

TEMPORARY RESTRAINING ORDER

THE COURT FINDS

4. a. The defendant is *(name):*

| | | | | | |
|--|---------------------|----------------------------------|-------------|-----------|----------------------|
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Ht.: ____ Wt.: ____ | Hair Color: ____ Eye Color: ____ | Race: _____ | Age: ____ | Date of Birth: _____ |
|--|---------------------|----------------------------------|-------------|-----------|----------------------|
 - b. The protected person is *(name):*

| | |
|--|--|
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth <i>(optional):</i> _____ |
|--|--|
 - c. Protected family or household members who reside with the protected person:
 - (1) *(Name):*

| | |
|--|--|
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth <i>(optional):</i> _____ |
|--|--|
 - (2) *(Name):*

| | |
|--|--|
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth <i>(optional):</i> _____ |
|--|--|
 - (3) *(Name):*

| | |
|--|--|
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth <i>(optional):</i> _____ |
|--|--|
- ☐ Additional protected persons are listed on a separate page designated as Attachment 4c.

| | |
|-------------------|--------------|
| PLAINTIFF (Name): | CASE NUMBER: |
| DEFENDANT (Name): | |

5. **UNTIL THE TIME OF HEARING, THE COURT ORDERS** that the restrained person must **not** do the following things to the protected person ☐ and to the other protected persons listed in item 4c:
- a. ☐ harass, molest, attack, strike, threaten, sexually assault, batter, follow, stalk, destroy the personal property of, disturb the peace of, keep under surveillance, or block movements in public places or thoroughfares.
 - b. ☐ contact, telephone, or communicate by any means (including mail, fax, or e-mail) ☐ except for peaceful written contact through a process server or other person for legal papers related to a court case.

6. **UNTIL THE TIME OF THE HEARING, THE COURT ORDERS** that the restrained person **must** stay at least **(specify):** _____ yards away from the following protected persons and places:

(The addresses of these places are optional; you do not have to provide them.)

- (1) ☐ Person seeking the order
- (2) ☐ The other persons listed in item 4c
- (3) ☐ Residence of person seeking the order
- (4) ☐ Place of work of person seeking the order
- (5) ☐ The children's school or place of child care
- (6) ☐ The protected persons' vehicles
- (7) ☐ Other *(specify)*:

7. ☐ **OTHER ORDERS** *(specify)*:

8. **MANDATORY FIREARM RELINQUISHMENT**

The restrained person must surrender to local law enforcement or sell to a licensed gun dealer any firearm in or subject to his or her immediate possession or control within

- a. ☐ 24 hours after issuance of this order (if restrained person is present at hearing).
- b. ☐ 48 hours after service of this order (if restrained person is not present at hearing).
- c. ☐ other *(specify)*:

The restrained person shall file a receipt with the court showing compliance with this order within 72 hours of receiving this order.

9. **SERVICE OF ORDER ON LAW ENFORCEMENT**

By the close of business on the date of this order, a copy of this order and any proof of service shall be delivered to the law enforcement agencies listed below by:

- a. ☐ plaintiff
- b. ☐ plaintiff's attorney:

Law Enforcement Agency

Address

| | |
|-------------------|--------------|
| PLAINTIFF (Name): | CASE NUMBER: |
| DEFENDANT (Name): | |

10. SERVICE ON DEFENDANT

- a. The following documents **must be personally served** on the defendant:
- (1) *Order to Show Cause and Temporary Restraining Order (Harassment)* (form CH-120)
 - (2) *Petition for Injunction Prohibiting Civil Harassment* (form CH-100)
 - (3) *Blank Response to Petition for Injunction Prohibiting Harassment* (form CH-110)
 - (4) *Instructions for Lawsuits to Prohibit Harassment* (form CH-150)
 - (5) Other (specify):
- b. Proof of service of the documents must be served and filed with the court before the hearing.

11. ORDER SHORTENING TIME

- ☐ Application for an order shortening time is granted and the documents listed in item 9 must **be personally served** on the defendant no fewer than (specify number): _____ days before the time set for hearing.

12. NO FEE FOR FILING

- ☐ Filing fees for the filing of this action are waived under Code of Civil Procedure section 527.6(o).

13. NO FEE FOR SERVICE OF ORDER

- a. ☐ The sheriff or marshal shall serve this order on the defendant without requiring plaintiff to pay any fee.
- (1) ☐ Plaintiff qualifies for a fee waiver. Law enforcement shall serve the order without charging a fee.
- or-
- (2) ☐ The plaintiff has not qualified for a fee waiver, but the sheriff or marshal shall serve this order without prepayment of fee under Government Code section 6103.2.

Date: _____

JUDICIAL OFFICER

This order is effective when made. It is enforceable in all 50 states, the District of Columbia, all tribal lands, and all U.S. territories and shall be enforced as if it were an order of that jurisdiction by any law enforcement agency that has received the order, is shown a copy of the order, or has verified its existence on the California Law Enforcement Telecommunications System (CLETS). If the law enforcement agency has not received proof of service on the restrained person, the agency shall advise the restrained person of the terms of the order and then shall enforce it. Violations of this restraining order are subject to criminal penalties.

NOTICE REGARDING FIREARMS

Any person subject to a restraining order is prohibited from owning, possessing, purchasing or attempting to purchase, receiving or attempting to receive, or otherwise obtaining a firearm. Such conduct is subject to a \$1,000 fine and imprisonment.

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing *Order to Show Cause (Civil Harassment)* and *Temporary Restraining Order (CLETS) (Civil Harassment)* is a true and correct copy of the original on file in the court.

Date: _____ Clerk, by _____, Deputy

| | |
|--|--------------------|
| NAME OF PARTY OR ATTORNEY (and state bar number if attorney): ADDRESS WHERE YOU WANT MAIL SENT: TELEPHONE NUMBER (Optional): FAX NUMBER (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF: DEFENDANT: | |
| PROOF OF PERSONAL SERVICE (Harassment) | |
| CASE NUMBER: | |

PERSONAL SERVICE

Instructions: After having the other party served with any of the documents identified in item 1, have the person who served the documents complete this Proof of Personal Service. Give the completed Proof of Personal Service to the clerk for filing. Neither the plaintiff nor the defendant can serve these papers.

1. I served a copy of the following documents (check the box before the title of each document you served):

- a. ☐ Order to Show Cause (Harassment)
☐ and Temporary Restraining Order (CLETS)
- b. ☐ Petition for Injunction Prohibiting Harassment
☐ Application for Temporary Restraining Order
- c. ☐ blank Response to Petition for Injunction Prohibiting Harassment
- d. ☐ Instructions for Lawsuits to Prohibit Harassment
- e. ☐ Order After Hearing on Petition for Injunction Prohibiting Harassment (CLETS)
- f. ☐ completed Response to Petition for Injunction Prohibiting Harassment
- g. ☐ other (specify):

2. Person served (name):

3. By personally delivering copies to the person served, as follows:

- a. Date:
- b. Time:
- c. Address:

4. At the time of service I was at least 18 years of age and **not a party to this cause.**

- a. Name:
- b. Telephone:
- c. Address:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

| | | |
|--|--|---|
| <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME) | | <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (SIGNATURE) |
|--|--|---|

1. I ask the sheriff or marshal to serve the restraining order for free because *(check either item a or b)*:

a. ☐ I asked for a restraining order on form DV-100.

b. ☐ I asked for a restraining order on form CH-100, and my request was based on my fear of *(you must check at least one box)*

(1) ☐ sexual assault

(2) ☐ stalking

2. I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

(TYPE OR PRINT YOUR NAME)

(SIGN YOUR NAME)

COURT ORDER AND INSTRUCTIONS TO SHERIFF OR MARSHAL

3. The court reviewed the protected person's request and finds that *(check one box only)*:

- a. ☐ The protected person qualifies for a fee waiver.*
- b. ☐ The protected person does not qualify for a fee waiver. **
- c. The order (DV-110 or DV-130 or CH-120 or CH-140 and referenced documents) can be served by the sheriff or marshal without cost to the protected person.

Date:

☐ CLERK, by _____, Deputy
(Clerk may grant in full a nondiscretionary fee waiver, see Cal. Rules of Court, rule 985(d).)

— or —

☐ _____
JUDICIAL OFFICER

The sheriff or marshal will fill in box below and return a copy of this form to the court listed above.

Service of the order was attempted or made on (date): _____ Fee: \$ _____

* The protected person qualifies for a fee waiver under rule 985 of the California Rules of Court.

**** NOTICE to Law Enforcement:** Government Code section 6103.2(b) allows the sheriff or marshal to bill the court ONLY for orders or injunctions described in subdivision (p)(1) of Code of Civil Procedure section 527.6. The sheriff or marshal may bill the court for service only if box 3(b) is checked above.

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

| PROGRAM | VERIFICATION |
|---|--|
| SSI/SSP | Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services" |
| CalWORKs/TANF (formerly known as AFDC) | Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services" |
| Food Stamp Program | Notice of Action or Food Stamp ID Card or "Passport to Services" |
| General Relief/General Assistance | Notice of Action or Copy of Check Stub or County Voucher |

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

| NUMBER IN FAMILY | FAMILY INCOME |
|---------------------|------------------|
| 1 | \$ 969.79 |
| 2 | 1,301.04 |
| 3 | 1,632.29 |
| 4 | 1,963.54 |
| 5 | 2,294.79 |

| NUMBER IN FAMILY | FAMILY INCOME |
|---------------------|------------------|
| 6 | \$ 2,626.04 |
| 7 | 2,957.29 |
| 8 | 3,288.54 |
| Each additional | 331.25 |

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

| | |
|--|--------------|
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: \$ _____
- b. **My payroll deductions are (specify purpose and amount):**
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ _____
- c. My monthly take-home pay is (a. minus b.): \$ _____
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**
(c. plus d.): \$ _____
- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name | Age | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____ | \$ _____ |
| (2) _____ | _____ | _____ | \$ _____ |
| (3) _____ | _____ | _____ | \$ _____ |
| (4) _____ | _____ | _____ | \$ _____ |
| (5) _____ | _____ | _____ | \$ _____ |
- The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**
(a. plus d. plus f.): \$ _____
10. **I own or have an interest in the following property:**
- a. Cash \$ _____
- b. Checking, savings, and credit union accounts (list banks):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property | FMV | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):
\$ _____
11. **My monthly expenses not already listed in item 9b above are the following:**
- | | |
|---|----------|
| a. Rent or house payment & maintenance | \$ _____ |
| b. Food and household supplies | \$ _____ |
| c. Utilities and telephone | \$ _____ |
| d. Clothing | \$ _____ |
| e. Laundry and cleaning | \$ _____ |
| f. Medical and dental payments | \$ _____ |
| g. Insurance (life, health, accident, etc.) | \$ _____ |
| h. School, child care | \$ _____ |
| i. Child, spousal support (prior marriage) | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair) | \$ _____ |
| k. Installment payments (specify purpose and amount): | |
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
- The TOTAL amount of monthly installment payments is: \$ _____
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____
- m. Other expenses (specify):
- | | |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
- The TOTAL amount of other monthly expenses is: \$ _____
- n. **MY TOTAL MONTHLY EXPENSES ARE**
(add a. through m.): \$ _____
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

| | |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF/ PETITIONER: | |
| DEFENDANT/ RESPONDENT: | |
| ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS | |

1. The application was filed on (date): _____ ☐ A previous order was issued on (date): _____
2. The application was filed by (name): _____
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
- a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
- b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
- | | |
|---|--|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): _____ |
| (5) <input type="checkbox"/> Court-appointed interpreter. | |
- * Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- | | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
- e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985):
- a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
- b. ☐ Other (Complete line 4b on page 2).
- c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify): _____
- b. The applicant should appear in this court at the following hearing to help resolve the conflict:
- | | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
- c. The address of the court is (specify):
☐ Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____

☐ _____, Clerk, by _____, Deputy
 JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

Page 1 of 2

| | |
|------------------------------|--------------|
| PLAINTIFF/PETITIONER (Name): | CASE NUMBER: |
| DEFENDANT/RESPONDENT (Name): | |

4b ☐ Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): _____, California,
 on (date): _____

Clerk, by _____, Deputy

| | | | |
|--|--|--|--|
| | | | |
| | | | |

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

| | | |
|---|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): | | FOR COURT USE ONLY |
| TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____ | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____ | | |
| CASE NAME: _____ | | |
| CIVIL CASE COVER SHEET <input type="checkbox"/> Unlimited (Amount demanded exceeds \$25,000) <input type="checkbox"/> Limited (Amount demanded is \$25,000 or less) | Complex Case Designation <input type="checkbox"/> Counter <input type="checkbox"/> Joinder Filed with first appearance by defendant (Cal. Rules of Court, rule 1811) | CASE NUMBER: _____ JUDGE: _____ DEPT.: _____ |

All five (5) items below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

| | | |
|--|--|---|
| Auto Tort <input type="checkbox"/> Auto (22) <input type="checkbox"/> Uninsured motorist (46) Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort <input type="checkbox"/> Asbestos (04) <input type="checkbox"/> Product liability (24) <input type="checkbox"/> Medical malpractice (45) <input type="checkbox"/> Other PI/PD/WD (23) Non-PI/PD/WD (Other) Tort <input type="checkbox"/> Business tort/unfair business practice (07) <input type="checkbox"/> Civil rights (08) <input type="checkbox"/> Defamation (13) <input type="checkbox"/> Fraud (16) <input type="checkbox"/> Intellectual property (19) <input type="checkbox"/> Professional negligence (25) <input type="checkbox"/> Other non-PI/PD/WD tort (35) Employment <input type="checkbox"/> Wrongful termination (36) <input type="checkbox"/> Other employment (15) | Contract <input type="checkbox"/> Breach of contract/warranty (06) <input type="checkbox"/> Collections (09) <input type="checkbox"/> Insurance coverage (18) <input type="checkbox"/> Other contract (37) Real Property <input type="checkbox"/> Eminent domain/Inverse condemnation (14) <input type="checkbox"/> Wrongful eviction (33) <input type="checkbox"/> Other real property (26) Unlawful Detainer <input type="checkbox"/> Commercial (31) <input type="checkbox"/> Residential (32) <input type="checkbox"/> Drugs (38) Judicial Review <input type="checkbox"/> Asset forfeiture (05) <input type="checkbox"/> Petition re: arbitration award (11) <input type="checkbox"/> Writ of mandate (02) <input type="checkbox"/> Other judicial review (39) | Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 1800–1812) <input type="checkbox"/> Antitrust/Trade regulation (03) <input type="checkbox"/> Construction defect (10) <input type="checkbox"/> Mass tort (40) <input type="checkbox"/> Securities litigation (28) <input type="checkbox"/> Environmental /Toxic tort (30) <input type="checkbox"/> Insurance coverage claims arising from the above listed provisionally complex case types (41) Enforcement of Judgment <input type="checkbox"/> Enforcement of judgment (20) Miscellaneous Civil Complaint <input type="checkbox"/> RICO (27) <input type="checkbox"/> Other complaint (<i>not specified above</i>) (42) Miscellaneous Civil Petition <input type="checkbox"/> Partnership and corporate governance (21) <input type="checkbox"/> Other petition (<i>not specified above</i>) (43) |
|--|--|---|

2. This case ☐ is ☐ is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
- | | |
|--|---|
| a. <input type="checkbox"/> Large number of separately represented parties | d. <input type="checkbox"/> Large number of witnesses |
| b. <input type="checkbox"/> Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve | e. <input type="checkbox"/> Coordination with related actions pending in one or more courts in other counties, states or countries, or in a federal court |
| c. <input type="checkbox"/> Substantial amount of documentary evidence | f. <input type="checkbox"/> Substantial post-judgment judicial supervision |
3. Type of remedies sought (*check all that apply*):
- | | | |
|--------------------------------------|---|--------------------------------------|
| a. <input type="checkbox"/> monetary | b. <input type="checkbox"/> nonmonetary; declaratory or injunctive relief | c. <input type="checkbox"/> punitive |
|--------------------------------------|---|--------------------------------------|
4. Number of causes of action (*specify*): _____
5. This case ☐ is ☐ is not a class action suit.
- Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE

- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate, Family, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on **all** other parties to the action or proceeding.
- Unless this is a complex case, this cover sheet will be used for statistical purposes only.

INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

To Plaintiffs and Others Filing First Papers

If you are filing a first paper (for example, a complaint) in a civil case, you **must** complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must check **all five** items on the sheet. In item 1, you must check **one** box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the **primary** cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. You do not need to submit a cover sheet with amended papers. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 201.8(c) and 227 of the California Rules of Court.

To Parties in Complex Cases

In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 1800 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES

Auto Tort

Auto (22)—Personal Injury/Property Damage/Wrongful Death
Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort

Asbestos (04)
Asbestos Property Damage
Asbestos Personal Injury/Wrongful Death
Product Liability (*not asbestos or toxic/environmental*) (24)
Medical Malpractice (45)
Medical Malpractice—Physicians & Surgeons
Other Professional Health Care Malpractice
Other PI/PD/WD (23)
Premises Liability (e.g., slip and fall)
Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
Intentional Infliction of Emotional Distress
Negligent Infliction of Emotional Distress
Other PI/PD/WD

Non-PI/PD/WD (Other) Tort

Business Tort/Unfair Business Practice (07)
Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*)(08)
Defamation (e.g., slander, libel) (13)
Fraud (16)
Intellectual Property (19)
Professional Negligence (25)
Legal Malpractice
Other Professional Malpractice (*not medical or legal*)
Other Non-PI/PD/WD Tort (35)

Employment

Wrongful Termination (36)
Other Employment (15)

Contract

Breach of Contract/Warranty (06)
Breach of Rental/Lease Contract (*not unlawful detainer or wrongful eviction*)
Contract/Warranty Breach—Seller Plaintiff (*not fraud or negligence*)
Negligent Breach of Contract/Warranty
Other Breach of Contract/Warranty
Collections (e.g., money owed, open book accounts) (09)
Collection Case—Seller Plaintiff
Other Promissory Note/Collections Case
Insurance Coverage (*not provisionally complex*) (18)
Auto Subrogation
Other Coverage
Other Contract (37)
Contractual Fraud
Other Contract Dispute

Real Property

Eminent Domain/Inverse Condemnation(14)
Wrongful Eviction (33)
Other Real Property (e.g., quiet title) (26)
Writ of Possession of Real Property
Mortgage Foreclosure
Quiet Title
Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

Unlawful Detainer

Commercial (31)
Residential (32)
Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential.*)

Judicial Review

Asset Forfeiture (05)
Petition Re: Arbitration Award (11)
Writ of Mandate (02)
Writ—Administrative Mandamus
Writ—Mandamus on Limited Court Case Matter
Writ—Other Limited Court Case Review
Other Judicial Review (39)
Review of Health Officer Order
Notice of Appeal—Labor Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rule 1800-1812)

Antitrust/Trade Regulation (03)
Construction Defect (10)
Claims Involving Mass Tort (40)
Securities Litigation (28)
Toxic Tort/Environmental (30)
Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

Enforcement of Judgment

Enforcement of Judgment (20)
Abstract of Judgment (Out of County)
Confession of Judgment (*non-domestic relations*)
Sister State Judgment
Administrative Agency Award (*not unpaid taxes*)
Petition/Certification of Entry of Judgment on Unpaid Tax
Other Enforcement of Judgment Case

Miscellaneous Civil Complaint

RICO (27)
Other Complaint (*not specified above*) (42)
Declaratory Relief Only
Injunctive Relief Only (*non-harassment*)
Mechanics Lien
Other Commercial Complaint Case (*non-tort/non-complex*)
Other Civil Complaint (*non-tort/non-complex*)

Miscellaneous Civil Petition

Partnership and Corporate Governance (21)
Other Petition (*not specified above*) (43)
Civil Harassment
Workplace Violence
Elder/Dependent Adult Abuse
Election Contest
Petition for Name Change
Petition for Relief from Late Claim
Other Civil Petition

| | |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NUMBER (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF: DEFENDANT: | |
| RESPONSE TO PETITION FOR INJUNCTION PROHIBITING HARASSMENT | CASE NUMBER: |

This response will be considered by the judge at the court hearing. You must still obey any orders granted until the hearing. Read the Instructions for Lawsuits to Prohibit Harassment (form CH-150) before completing this form.

I respond to the *Petition for Injunction Prohibiting Harassment* as follows:

1. ☐ **PERSONAL CONDUCT ORDERS**
 I ☐ do ☐ do not consent to the order requested.
2. ☐ **STAY-AWAY ORDERS**
 I ☐ do ☐ do not consent to the order requested.
3. ☐ **DENIAL**
 - a. ☐ I deny doing all of the acts stated in item 19 of the petition.
 - b. ☐ I deny doing some of the acts stated in item 19 of the petition. (*Specify at item 11.*)
4. ☐ **JUSTIFICATION OR EXCUSE**
 I have done some or all of the acts of which I am accused, but the actions are justified or excused for the following reasons:
 - a. ☐ My acts served a legitimate purpose (*specify*):

 - b. ☐ My acts were constitutionally protected (*specify*):
5. ☐ **EMOTIONAL DISTRESS**
 - a. ☐ Plaintiff has not suffered substantial emotional distress (*specify*):

 - b. ☐ A reasonable person in plaintiff's position would not have suffered substantial emotional distress (*specify*):

 - c. ☐ Plaintiff's distress, if any, is not the result of my alleged acts (*specify*):

| | |
|-------------------|--------------|
| PLAINTIFF (Name): | CASE NUMBER: |
| DEFENDANT (Name): | |

6. ☐ **KNOWING AND WILLFUL CONDUCT**

My acts, if any, did not amount to a course of conduct knowingly and willfully directed against plaintiff.

7. ☐ **OTHER DEFENSES**

I have other defenses (specify):

8. ☐ **OTHER ORDERS**

- a. ☐ I consent to the other orders requested in the petition.
- b. ☐ I do not consent to the orders requested in the petition.
- c. ☐ I consent to the following orders (specify):

9. ☐ I request the court to order

- a. ☐ reasonable attorney fees and costs.
- b. additional relief as may be proper.

10. ☐ An injunction should not be granted for the following additional reasons (specify):

11. ☐ **SUPPORTING INFORMATION:**

☐ (If more space is needed, check the box and add additional pages as Attachment 11.)

12. ☐ I am not required to pay a fee for filing this response because plaintiff's petition alleges that I have inflicted or threatened violence against the plaintiff, or stalked the plaintiff, or acted or spoken in any other manner that has placed the plaintiff in reasonable fear of violence, and seeks a protective or restraining order or injunction restraining stalking or future threats of violence under Code of Civil Procedure section 527.6.

13. ☐ Number of pages attached: _____

| | | |
|----------------------|---|-------------------------|
| |  | _____ |
| (TYPE OR PRINT NAME) | | (SIGNATURE OF ATTORNEY) |

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | | |
|----------------------|--|---|--------------------------|
| Date: | |  | _____ |
| | | | (SIGNATURE OF DEFENDANT) |
| (TYPE OR PRINT NAME) | | | |

INSTRUCTIONS FOR LAWSUITS TO PROHIBIT HARASSMENT

Under California law (Code of Civil Procedure section 527.6), courts can make orders to protect people from being harassed by others. These orders will be enforced by law enforcement agencies.

The person asking for these orders is called the "plaintiff." The plaintiff needs to file a petition in superior court against the other person ("defendant") to get these orders. There will be a court hearing within 15 days of the filing. The plaintiff can sometimes get a temporary court order against the defendant even before the hearing.

This instruction booklet tells what court orders a victim of harassment can get and how to get them. It also includes directions for a person charged with harassment.

These instructions cannot cover all of the problems and questions that may arise in a particular case. If you do not know what to do to protect your rights, you should see an attorney.

GENERAL INFORMATION

Who can get orders prohibiting harassment?

Most people who are victims of harassment can ask the court for these orders. A person may seek protection under this law if:

- (1) the defendant's conduct is *intentional*; and
- (2) the defendant has done a *series of acts* (more than one) which seriously alarms, annoys, or harasses the plaintiff; and
- (3) plaintiff has suffered a lot of emotional distress; and
- (4) the defendant's conduct has no legitimate reason and is not protected by the constitution.

The court may require the losing party—whether the plaintiff or defendant—to pay the winning parties court costs and attorney fees.

What do you need to get the court orders or to object to them?

1. Harassment forms, available from the court clerk's office or legal publishers. The clerk can tell you where to get the forms. You can also obtain them on the Judicial Council's website:
<http://www.courtinfo.ca.gov/forms/>.
2. You may need a typewriter to fill out the forms. Ask the clerk. If there is a requirement that the forms be typed, some women's shelters and volunteer legal service groups have typewriters you can use. In some libraries you can use a typewriter for a small fee. If you do not type, print clearly.
3. Money for a court filing fee unless the petition is exempt. You are not required to pay a filing fee if the petition alleges that the defendant has inflicted or threatened violence against the plaintiff, or stalked the plaintiff, or acted or spoken in any other manner that has placed the plaintiff in reasonable fear of violence. If you cannot afford to pay the court filing fee, ask the clerk for the *Information Sheet on Waiver of Court Fees and Costs*.
4. Someone, other than yourself, 18 years of age or older, to deliver (**serve**) certain papers to the other party.

What forms are to be used for suing under the harassment law and for opposing those suits?

1. *Petition for Injunction Prohibiting Harassment* [**Petition**]. This form tells the judge the facts of the plaintiff's case and what orders the plaintiff wants the court to make. This form is **mandatory**, i.e., it must be used to petition for injunctive relief.

2. *Order to Show Cause [OSC] and Temporary Restraining Order [TRO]*. The **OSC**, when signed by the judge, tells the defendant to come to court for the hearing. It may include one or more temporary orders (**TRO**) which take effect immediately and stay in effect until the hearing.
3. *Response to Petition for Injunction Prohibiting Harassment* [**Response**]. The defendant must complete and file this **mandatory** form to object to the orders the plaintiff has requested and to give his or her side.
4. *Order After Hearing on Petition for Injunction Prohibiting Harassment* [**Order**]. This is the form signed by the court following the hearing. The order will stay in effect for up to three years depending on what the judge rules.
5. *Proof of Personal Service (Harassment) and Proof of Service by Mail (Harassment)*. These forms are used to show that the other party has been **served** with the legal documents as required by law.

Should you see a lawyer?

You have the right to file or defend the suit and to go to court with or without an attorney. You should seek the advice of an attorney since any lawsuit may involve technical problems that cannot be explained in a printed form. Whether or not you have an attorney, the other party may have one.

You may hire a lawyer to represent you, but you can also just visit a lawyer for advice. Do not be afraid to ask the lawyer in advance what the fee will be. After hearing about your personal situation, an attorney can help by advising whether a civil harassment order is the best protection or what defenses, if any, exist to the orders requested.

Ask friends and co-workers and check the yellow pages of your telephone book under "Attorneys" or "Attorney Referral Services" for organizations that can help you find a lawyer. You can get information about free or low-cost legal services through the bar association in your county. In some areas, you can also call a women's shelter for recommendations. In many cases you can find an attorney who charges either no fee or a small fee for your first visit, but you may need to call several attorneys and compare fees and services. In some areas, there are groups (clinics or agencies) that will help you fill out the forms.

INSTRUCTIONS FOR THE PLAINTIFF

What steps need to be taken to get the court orders?

1. You will need at least five copies of each harassment form: one for a worksheet, the original to file with the court, a copy to be personally delivered (**served**) on the defendant and two copies for yourself. In addition, you will need extra copies of the **OSC**, the **Order**, and the **Proof of Service** form. Get one for

each law enforcement agency you want to enforce your orders, and two extras for yourself.

2. Fill in the **Petition** and the **OSC** except for the date of the court hearing and the judge's signature. (Reminder: courts may require that the forms be typewritten.)

- a. If you are not represented by an attorney, fill in your name, mailing address, and phone number at the top of each form. If you do not want to disclose your home or work address or phone number, you may use an address or phone number where you will be able to receive any communications. You may, but are not required to, provide a fax number or e-mail address where you may be contacted.
 - b. Fill in the name of the county where the action will be filed and the address of the superior court.
 - c. Type your full name and the defendant's full name.
 - d. Check ("X") all boxes that apply to your case. Read each item carefully and fill in the necessary information. Be specific.
 - e. Remember to date and sign the **Petition**.
 3. If you are requesting a temporary restraining order, you must give the details of the recent acts of harassment and the problems they have caused you. Place an "X" in the box in the caption marked "Application for Temporary Restraining Order."
 4. Take all your completed forms and all copies to the clerk's office in the superior court. The clerk will tell you where to take your papers and when to pay your filing fee, if required.
 5. If the judge signs the **OSC**, take the original and all copies back to the court clerk. The clerk will stamp all the papers with a case number. The copies will be stamped with an "Endorsed-Filed" stamp (showing the date of filing), the judge's signature, and the date of signing. The clerk will file the originals and give you the copies. **KEEP TWO ENDORSED-FILED COPIES FOR YOURSELF**. Carry one with you and keep one in a safe place. You may need one if you have to call the police.
 6. Have the defendant personally **served** with copies of the **Petition**, **OSC**, and a blank copy of the **Response**. You *cannot* serve the defendant yourself. Service may be made by a licensed process server, the sheriff's department, or any person 18 years of age or older, other than you.
- Service** is very important. It tells the defendant about the order and the hearing. Without it there will not be a court hearing and your temporary orders will no longer be good unless they are extended by the court. The defendant must be personally served at least five days before the hearing—unless the court, for good cause, on motion of the plaintiff or on its own motion, shortens the time for service on the defendant.
7. If you have requested any temporary orders and the judge has granted them, get copies stamped with an "Endorsed-Filed" stamp and immediately deliver an Endorsed-Filed copy of the **TRO** to each law enforcement agency (police, marshal, or sheriff's office) that you want to enforce the order.
 8. After the defendant has been personally **served**, the person who served the defendant must complete and sign the original of the **Proof of Personal Service** form. You should take the signed original and the copies back to the court clerk. The clerk will file the original and stamp "Endorsed-Filed" on the copies. Take one of the Endorsed-Filed copies to each of the law enforcement agencies where you filed your **TRO**. Keep two Endorsed-Filed copies for yourself.
 9. Go to the court hearing with any evidence you might have. The **Order** should be filed in and given to the judge for signing. If there are any witnesses to the defendant's conduct or your emotional distress they should also be there.
 10. If the judge signs the **Order**, file the original with the clerk, get the copies stamped with an "Endorsed-Filed" stamp, and immediately deliver copies to law enforcement agencies.
If the defendant was not present in court for the hearing, arrange to have defendant personally **served** with a copy of the order. File the completed **Proof of Personal Service** with the court and deliver copies stamped "Endorsed-Filed" to law enforcement agencies. **KEEP TWO COPIES FOR YOURSELF**. Carry one with you and keep one in a safe place.

INSTRUCTIONS FOR THE DEFENDANT

1. If you are served with an *Order to Show Cause (Harassment)* [**OSC**] and a *Petition for Injunction Prohibiting Harassment* [**Petition**], you should promptly seek legal advice. If you have no attorney, the attorney's reference service of your local bar association may be of assistance.
 2. Whether or not you choose to consult an attorney, you should read this entire instruction booklet and other documents you have received.
 3. Read the papers served on you very carefully. The *Order to Show Cause* [**OSC**] tells you when to appear in court and may contain temporary orders forbidding you from doing certain things. **If you disobey the court's orders, criminal charges may be filed against you.**
 4. If you wish to oppose the **Petition**, or make your own request for court orders, you must file a *Response to Petition for Injunction Prohibiting Harassment* [**Response**].
- In addition to the **Response**, you may file and serve declarations signed by persons who have personal knowledge of the facts. If you do not know how to prepare a declaration, you should see an attorney. After you have filed the **Response** with the court clerk, a copy must be delivered personally or by mail to the plaintiff or the plaintiff's attorney.
- You cannot serve the plaintiff yourself. The person should complete and sign a *Proof of Service (Harassment)* form. You should take the completed form back to the court clerk or bring it with you to the hearing.
5. If you wish to oppose the lawsuit, you should file a **Response** and also be present at the hearing. If you have any witnesses, they must also be present.
 6. If you wish to file a cross-complaint against the plaintiff for harassing you, you must file a completed form called *Petition for Injunction Prohibiting Harassment* [**Petition**].

The next three pages show a **Petition** which has been completed with examples of the kind of information a court is likely to want.

If you are not represented by an attorney, fill in your name, mailing address, and phone number at the top of each form.

If you do not want the defendant to know where you are living, you can use a friend's address and telephone number. Be sure you can be contacted with the information you put in this box.

Court where you are filing your case. Call the court clerk if do not know the address.

Your full name.

The full name of the person you want the orders against.

Check this box if you are asking for orders to go into effect immediately when the **TRO** is signed by the judge. You will also need to check the box at item 13 and give the necessary information.

Insert your name in item 1 and the names and descriptions of the other persons to be protected in item 2.

Insert the name, description, and other information about the defendant in item 3.

Put an "X" in all the boxes that apply to you in items 4 and 6.

Describe how you know the defendant in item 5.

The court clerk will give you this number. Use it on all forms you file later.

After this form is filed, the clerk will stamp this box on the copies so everyone knows it is a copy of an official paper. This is the place for the "Endorsed-Filed" stamp.

| | |
|--|--|
| CH-100 | |
| <small>NAME OF PARTY OR ATTORNEY (and state bar number if attorney):</small> Terry Roe <small>ADDRESS WHERE YOU WANT MAIL SENT:</small> P.O. Box 500 Anytown, California 91234 <small>FAX NUMBER (Optional):</small> <small>E-MAIL ADDRESS (Optional):</small> <small>ATTORNEY FOR (Name):</small> In Pro Per | <small>TELEPHONE NUMBER (Optional):</small> <small>FOR COURT USE ONLY</small> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Any County <small>STREET ADDRESS:</small> 100 Elm Street <small>MAILING ADDRESS:</small> P.O. Box 109 <small>CITY AND ZIP CODE:</small> Anytown, California 91235 <small>BRANCH NAME:</small> | |
| PLAINTIFF: Terry Doe DEFENDANT: Pat Roe | |
| PETITION FOR INJUNCTION PROHIBITING HARASSMENT | |
| <input checked="" type="checkbox"/> Application for Temporary Restraining Order | |
| <small>(THIS IS NOT AN ORDER)</small> | |
| <small>Read the Instructions for Lawsuits to Prohibit Harassment (form CH-150) before completing this form.</small> | |
| 1. Plaintiff (name each): Terry Doe | |
| 2. <input checked="" type="checkbox"/> OTHER PERSONS TO BE PROTECTED (List names and ages of all family or household members who reside with plaintiff and are to be protected by the requested orders and their relationship to plaintiff): | |
| <small>Name</small> | <small>Age</small> |
| Mary Doe | 9 |
| John Doe | 6 |
| | <small>Relationship to plaintiff</small> |
| | Daughter |
| | Son |
| 3. a. Defendant (name): Pat Roe | |
| <small>Sex:</small> <input checked="" type="checkbox"/> M <input type="checkbox"/> F <small>Ht.:</small> 6' <small>Wt.:</small> 190 <small>Hair color:</small> Br <small>Eye color:</small> Br <small>Race:</small> White <small>Age:</small> 51 <small>Date of birth:</small> 2/10/51 | |
| b. Defendant's residence address (if known): 555 Fifth Street Anytown, California 94124 | |
| c. Defendant's work address and name of business (if known): Apex Industries 9420 Commercial Street Anytown, California 94125 | |
| 4. This action is filed in this county because | |
| a. <input type="checkbox"/> defendant resides in this county. | |
| b. <input checked="" type="checkbox"/> defendant has caused physical or emotional injury to plaintiff in this county. | |
| c. <input type="checkbox"/> other (specify): | |
| 5. Describe how plaintiff knows defendant (e.g., landlord/tenant, neighbor, etc.): Defendant is a former neighbor. | |
| 6. Defendant has | |
| a. <input checked="" type="checkbox"/> threatened to commit acts of violence against plaintiff as described in item 10. | |
| b. <input type="checkbox"/> committed acts of violence against plaintiff as described in item 10. | |
| c. <input type="checkbox"/> not threatened to commit and has not committed any acts of violence. | |
| PETITION FOR INJUNCTION PROHIBITING HARASSMENT (CIVIL HARASSMENT) | |
| <small>Form Adopted for Mandatory Use Judicial Council of California CH-100 [Rev. July 1, 2001]</small> | |

Page 1 of 4
Code of Civil Procedure, § 527.6

Fill this in.

Leave this blank.

Item 10 is the most important part of your petition. This information is all the judge will know about your case until the hearing. Give details of the most recent incidents.

If you have so many facts that they will not all fit, put an "X" in this box and write the facts on a separate piece of paper and attach it at the end of your petition.

Put an "X" in the boxes that apply to your case. Leave the boxes empty if they do not apply to your case.

You do not need to give specific addresses in item 12. However, it may be easier for the police to enforce your orders if they know the defendant knows the addresses to stay away from.

| | | |
|-----------------------------|--|--------------|
| PLAINTIFF (Name): Terry Doe | | CASE NUMBER: |
| DEFENDANT (Name): Pat Roe | | |

7. Defendant has committed a series of acts that seriously alarm, annoy, or harass plaintiff as described in item 10.

8. Plaintiff has actually suffered substantial emotional distress as a direct result of defendant's conduct described in item 10, and defendant's conduct would have caused a reasonable person to suffer substantial emotional distress.

9. Defendant's continuing course of conduct has been directed specifically against plaintiff and is knowing, willful, not constitutionally protected, and without legitimate purpose.

10. **DESCRIPTION OF CONDUCT**
Describe in detail the harassment (including the dates, who did what to whom, and any injuries):
Defendant and I are former neighbors. Two months ago I had to move because defendant kept making physical threats against me and blocked my passage into my house. On the morning of January 10, 2002, as I was leaving my home with my son and daughter, we saw the defendant in front of the house in the act of slashing the tires on my car. When he saw us, he yelled physical threats at me. Since I've moved, defendant constantly follows me and phones me at all hours of the day and night. On May 15, 2002, defendant followed me to a restaurant where I was having dinner with a friend. Defendant kept calling me names and threatened to "cut me to pieces." Defendant left before the police got there. On May 18, 19, and 20, 2002, defendant called me at work at least 45 times each day. I can't do my job because of the constant interruptions. I've had to go to the doctor for medication to calm to calm my nerves. I've lost weight and can't sleep at night.

☐ (If more space is needed, check the box and add additional pages as Attachment 10.)

PLAINTIFF REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECK MARKS IN THE BOXES BELOW.

11. ☒ **PERSONAL CONDUCT ORDERS** ☒ To be ordered now and effective until the hearing.
Defendant must not contact, molest, harass, attack, strike, threaten, sexually assault, batter, telephone, send any messages to, follow, stalk, destroy any personal property, disturb the peace, keep under surveillance, or block movements in public places or thoroughfares, or otherwise harass plaintiff ☒ and the other protected persons identified in item 2.

12. ☒ **STAY-AWAY ORDERS** ☒ To be ordered now and effective until the hearing
a. Defendant must stay at least (specify): 150 yards away from the following persons and places (the addresses of the places are optional and you do not have to reveal them):
(1) Plaintiff ☒ and the other protected persons identified in item 2.
(2) ☒ Plaintiff's residence (address optional):
(3) ☒ Plaintiff's place of work (address optional):
(4) ☒ Plaintiff's children's school or place of child care (address optional):
(5) ☒ Plaintiff's vehicle (specify): 1998 Green Ford Sedan (Lic. No.: 9NQR321)
(6) ☐ Other (specify):

Whenever you check these boxes, you are asking for the order to go into effect immediately, as soon as the TRO is signed by the judge. You will also need to check the box at item 10 and give the necessary information.

Fill this in.

Leave this blank.

You must check one of the boxes in item 12b.

If you are asking for the orders to go into effect immediately, as soon as the judge signs the **TRO**, you *must* check this box and state the reasons. State what harm would result to you if the orders are not made immediately.

In item 14 explain the reasons that the orders should include other persons to be protected.

If you ask for attorney fees and costs, bring receipts or bills for these to your hearing.

This space is where you ask for other orders you need. If you use this space, be sure to put in facts and dates in item 10 of your **Petition** that would give the court a reason to order what you ask for here.

List all the agencies you may want to enforce your order. The court will either tell the clerk to mail copies of the orders to the agencies or direct you or your attorney (if you have one) to deliver them personally.

| | | |
|-----------------------------|--|--------------|
| PLAINTIFF (Name): Terry Doe | | CASE NUMBER: |
| DEFENDANT (Name): Pat Roe | | |

12. b. Granting any of the stay-away orders

(1) ☒ will **not** interfere with defendant's access to defendant's residence or place of employment.

(2) ☐ will interfere with defendant's access to defendant's residence or place of employment (*explain*):

13. ☒ Plaintiff will suffer great and irreparable harm before this petition can be heard in court unless the court makes the orders requested above effective now and until the hearing (*specify the harm and why it will occur before the hearing*):

If defendant isn't ordered to stop harassing me immediately, I will lose my job. My employer has threatened me with loss of my job because of the numerous phone calls defendant makes to me. I'm afraid to go anywhere because defendant keeps following me.

14. ☒ There is good cause to include in the orders requested above the other protected persons identified in item 2 (*explain*):

Defendant's actions, including his threats and slashing of my car tires, have been witnessed by my daughter and son. This has caused them great distress. Defendant should be prohibited from getting near them as well as myself.

15. ☒ **ATTORNEY FEES AND COSTS**

Plaintiff requests that defendant be ordered to pay plaintiff's attorney fees and costs as follows (*specify*):

I request \$125 for consultation with an attorney about what I should do to prevent the harassment. I will bring the bill and documents showing payment to the hearing.

16. ☐ **OTHER ORDERS** (*specify other orders you are requesting*):

17. Plaintiff requests that copies of orders be given to the following law enforcement agencies:

| | |
|---------------------------------|--|
| <u>Law enforcement agency</u> | <u>Address</u> |
| Anytown Police Department | 100 Oak Street Anytown, California 94123 |
| Any County Sheriff's Department | 200 Main Street Anytown, California 94125 |

CH-100 [Rev. July 1, 2001]**PETITION FOR INJUNCTION PROHIBITING HARASSMENT**
(CIVIL HARASSMENT)Page 3 of 4

Fill this in.

Leave this blank.

If there have been previous restraining orders, provide information about them in item 18.

Normally, the court requires that the defendant be served at least five days before the hearing. The judge can shorten the time to two days before the hearing. It is a good idea to ask for this when you think the defendant will be hard to find and serve.

Check the box if your **Petition** contains the allegations stated in item 21.

Indicate the number of attached pages in item 22.

If you have an attorney, the attorney's name and signature should be included here.

Note: Fill in the **OSC** in the same way as your **Petition** except as follows:

1. Leave item 2 on the **OSC** blank. The court clerk or the judge will insert the date. Your hearing will be within 15 days after the filing of the **Petition**.
2. Do not date or sign the **OSC**.

| | |
|-----------------------------|--------------|
| PLAINTIFF (Name): Terry Doe | CASE NUMBER: |
| DEFENDANT (Name): Pat Roe | |

18. a. ☐ Plaintiff has asked for restraining orders against the defendant before (specify county and case number if known):

b. ☐ Defendant has asked for restraining orders against plaintiff before (specify county and case number if known):

19. Plaintiff requests additional relief as may be proper.

20. ☒ Plaintiff requests that time for service of the **Order to Show Cause** and accompanying papers be shortened so that they may be served no less than (specify number): 2 days before the date set for the hearing. The order shortening time is needed because of the facts contained in this petition. (Add additional facts if necessary):
I need this hearing as soon as possible. I am afraid to go to work, or to go outside with my family, or to answer the telephone. Because it may be difficult to serve the defendant, I need as much time as possible to serve him before the hearing date.

21. ☒ Plaintiff is not required to pay a fee for filing this petition because the petition alleges that the defendant has inflicted or threatened violence against the plaintiff, or stalked the plaintiff, or acted or spoken in any other manner that has placed the plaintiff in reasonable fear of violence, and seeks a protective or restraining order or injunction restraining talking or future threats of violence under Code of Civil Procedure section 527.6.

22. ☐ Number of pages attached: 0

(If the plaintiff is represented by an attorney, the attorney's signature follows):

Date:

.....
(TYPE OR PRINT NAME)

.....
(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: May 29, 2002

.....
Terry Doe
(TYPE OR PRINT NAME)

.....
Terry Doe
(SIGNATURE OF PLAINTIFF)

.....
(TYPE OR PRINT NAME)

.....
(SIGNATURE OF PLAINTIFF)

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PETITION FOR INJUNCTION PROHIBITING HARASSMENT
(CIVIL HARASSMENT)

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VERY IMPORTANT

1. The date you sign.

2. Your signature.

DO NOT FORGET THESE OR ALL YOUR WORK WILL BE WASTED